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RAJKUMAR NEBHRAJANI M.D., LLC
9770 S.W. 9 COURT
PEMBROKE PINES, FLORIDA 33025-3644

April 25, 2001

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-04/30/01--01120--018
***125.00 ***125.00

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: *Rajkumar Nebhrajani, M.D., LLC*

Dear Madam or Sir:

Enclosed herewith are the Articles of Organization for *Rajkumar Nebhrajani, M.D., LLC*, and our check in the amount of \$125.00 for filing fees.

Respectfully submitted:



Rajkumar Nebhrajani, M.D.

FILED
01 APR 30 PM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
RAJKUMAR NEBHRAJANI, M.D., LLC

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a Limited Liability Company under the Laws of the State of Florida, by and under the provision of the Statutes of the said State of Florida.

ARTICLE I

This name of the Limited Liability Company shall be:

Rajkumar Nebhrajani, M.D., LLC

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is:

**9770 S.W. 9th Court
Pembroke Pines, FL 33025-3644**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III

The name and street address of the person signing these Articles of Organization as registered agent is subscribed as follows:

Rajkumar Nebhrajani, M.D.
9770 S.W. 9th Court
Pembroke Pines, FL 33025-3644

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Rajkumar Nebhrajani, M.D.
(SIGNATURE AS REGISTERED AGENT)


ARTICLE IV

The name(s) and street address(es) of the member(s) of the first Board of Directors of this Limited Liability Company is (are) as follows:

Rajkumar Nebhrajani, M.D.
9770 S.W. 9th Court
Pembroke Pines, FL 33025-3644

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TALLAHASSEE, FLORIDA

SIGNATURE OF AUTHORIZED PERSON



Signature of a member or an authorized representative of a member
for limited liability company

4/25/01.

Date

Rajkumar Nebhrajani, M.D.
Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.